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BULLETIN

OF

THE JOHNS HOPKINS HOSPITAL.

Vol. V.—No. 40.] BALTIMORE, MAY, 1894. [Price, 15 Cents.

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NOTES ON PARASITES.

By Chas. Wardell Stiles, Ph. D.

26: DISTOMA (MESOGONIMUS) WESTERMANNI. DISCOVERY OF A PARASITE OF MAN, NEW TO THE UNITED STATES.

[*Read before the Johns Hopkins Hospital Medical Society, April* 16, 1894.]

Dr. H. B. Ward,* formerly of Ann Arbor, Mich., now Professor of Zoölogy in the University of Nebraska, has recently made an important discovery which should immediately be brought to the attention of the medical and scientific professions of this country, as it shows that we have in the United States a fluke which is more or less common in Man in eastern Asia, but which, up to Ward's investigations, had not been noticed in America.

Some months ago the lungs of a cat were referred to Ward for examination, and in them he discovered some encysted flukes which, after careful study, proved to be *Distoma Westermanni.*

This parasite was found in a Japanese by Bälz in 1878, who, however, did not recognize its true nature, but believing that the eggs which he found in the sputa were protozoa, named (1880) the structures *Gregarina pulmonalis s. fusca.* Manson also found the eggs of this species in Amoy, and afterwards obtained a specimen of the worm which Ringer had found in Formosa. Cobbold then obtained this specimen and described it as *D. Ringeri.* The parasite was afterwards studied by several authors, notably by Leuckart, who discovered to his astonishment that the form was identical with one which Kerbert had found in the lungs of a tiger (*Felis tigris*) in Amsterdam.

Now that Ward has found this same form in a cat in America, it may be well to give a short zoölogical description of the worm, with synonymy, etc., at this time, in order to place American physicians on their guard for its possible occurrence in the lungs of their patients.

Most zoölogists classify the worm in the genus *Distoma*, but Monticelli (1888) has created a new genus *Mesogonimus*, in which it must be placed should this genus prove to be well established—a point upon which helminthologists are not yet agreed. The genus *Mesogonimus* is based upon the position of the genital pore, which is *posterior* to and near the acetabulum. The synonymy, specific diagnosis and bibliography of the worm in question are as follows:

Distoma (*Mesogonimus*) *Westermanni.*

1878. *Distoma Westermanni*, Kerbert.
1880. *Gregarina pulmonalis s. fusca*, Bälz.
1880. *Distoma Ringeri*, Cobbold.
1881. *Distoma pulmonis*, K., S. and Y.
1883. *Distoma pulmonale*, Bälz.
1890. *Mesogonimus Westermanni*, Rail.

*Ueber das Vorkommen von *Distoma Westermanni* in den Vereinigten Staaten; C. f. B. u. P., XV, 10–11, pp. 362–4, 1894.

Length, 8–10 mm.; breadth, 4–6 mm.; body thick, plump, reddish-brown (fresh) to slate (preserved) in color; oval to elongate in form, transverse section generally round, rounded anteriorly, somewhat attenuated posteriorly; oral sucker small (0.75 mm.), subterminal; ventral acetabulum slightly larger and situated slightly anterior to the middle of the body; cuticle covered with broad scale-like spines; genital pore immediately posterior to acetabulum near the median line; œsophagus very short, so that the bifurcation of the intestine is considerably anterior to acetabulum; intestinal cæca run irregularly some distance from each other to the posterior extremity. *Male organs:* Cirrus and cirrus-pouch absent; ductus ejaculatorius straight; testicles tubular, ramified, nearly symmetrically situated in the posterior portion of body. *Female organs:* Ovary branched, lateral, somewhat posterior to acetabulum; on the opposite side of the median line, at about the same height, is situated a lobate shell-gland and a rather short, massed uterus, the folds of which extend ventrally of the shell-gland; vitellogene glands lateral, well developed, extending from the anterior to the posterior extremity; vitelline reservoir large; Laurer's canal present; eggs oval, 0.08–0.1 mm. long by 0.05 broad, yellow and with a thin shell. Miracidium ciliated, develops after eggs escape from their host. Sporocyst, redia and cercaria not known.

For details of pathology, symptoms, etc., the reader must be referred to the special literature on the subject (see especially Yamagiwa, 1892); but the following brief summary, taken from Railliet's new Traité de Zoologie Médicale et Agricole (1893–4), may be interesting to those who have not access to these works.

"This worm is found in the small bronchi or in cysts situated at their periphery. The cysts in question attain the size of a hazel-nut; they contain a reddish material formed of mucus, blood-corpuscles, débris of lung-tissue, and the distomes. Their wall is indurated, and they communicate with the bronchi only through small orifices by means of which the eggs escape.

"Individuals infested with these parasites show certain symptoms which may be summarized as follows: Cough light or absent; sputa of a rusty or slightly yellowish color, owing to the presence of the brown eggs; occasionally hemorrhages, which continue irregularly during several years. This affection, known as 'parasitic hæmoptysis' or simply 'pulmonary distomatosis,' seems to be quite common, especially in Formosa, where 15 per cent. of the population are affected with it, and in Japan. It does not appear to be incurable, and seems to be serious only in exceptional cases."

A microscopic examination of the sputa will reveal the presence of the fluke-eggs and thus give a positive diagnosis.

The two specimens which I here exhibit to the Society are some which Dr. Ward forwarded to me some time ago in order that I might confirm his specific determination.

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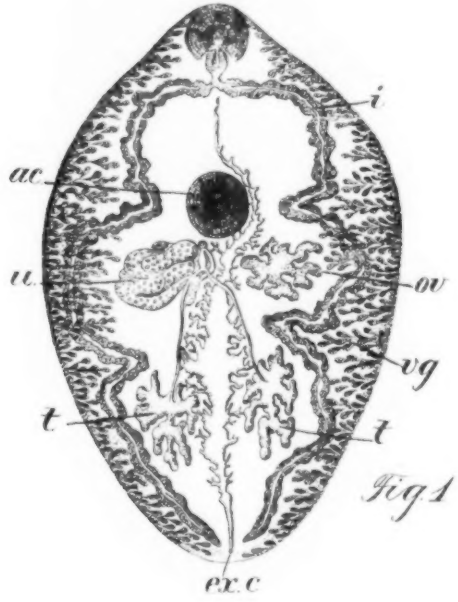

Fig. 1

Fig. 4

Fig. 3.

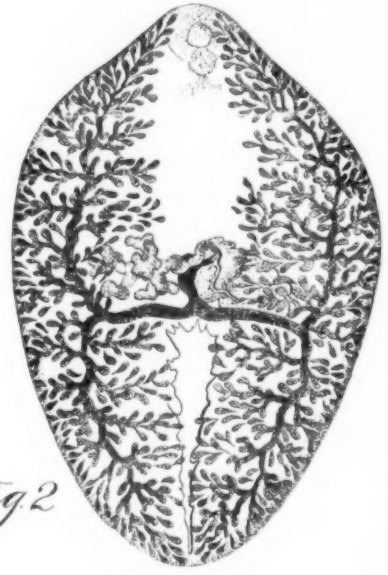

Fig. 2

Distoma (Mesogonimus) Westermanni.

Fig. 1.—Ventral view, after Leuckart, '79–94, Fig. 182. *i*, intestinal cæca ; *ov*, ovary ; *vg*, vitellogene glands ; *t*, testicle ; *ex. c*, excretory system ; *u*, uterus ; *ac*, acetabulum.

Fig. 2.—Dorsal view, after Leuckart, '79–94, Fig. 186.

Fig. 3.—Twice natural size, original from one of Ward's specimens.

Fig. 4.—Egg containing ciliated miracidium, after Nakahama, from Leuckart, Fig. 190.

MADAME BOIVIN.

By Hunter Robb, M. D., *Associate in Gynæcology.*

[*Read before the Johns Hopkins Hospital Historical Club, April* 9, 1894.]

Marie Anne Victoire Boivin, the famous midwife, was born in 1773 and died in 1847. Although her early education was not very complete, she must have made up for any deficiencies later on, for she was not only a voluminous writer, but her writings show a careful study of the subjects taken in hand. She was in the Maternité, in Paris, from 1797 to 1811, where among others she had for her instructors Lachapelle and Chaussier.

In her work entitled "Memorial de l'art des accouchements," first published in 1812, and which had reached its third edition in 1824, she expounds the methods which were in use in the Maternité. The book, however, aroused the jealousy of Lachapelle, who compelled Boivin to give up her position. But by this time Boivin had attained to some celebrity, and she found a congenial field of work in the hospital of Poissy and the Maison de Santé, during which time she found leisure to translate some of the English writings upon gynæcology, and to write a monograph on "Hemorrhages of the Uterus," which was awarded a prize.

Later on she published papers on "The Vesicular Mole," on Abortion, on the Measurement of the Pelvis, and upon Cæsarean Section. Associated with Dugès, a nephew of Lachapelle, she was the author of a work in two volumes entitled: "Traité pratique des maladies de l'uterus et de ses annexes." This work was published in Paris in 1833, and was afterwards translated into English by G. O. Hemming, who was consulting obstetrician to the St. Pancras Infirmary. She also appears to have written some other monographs and to have translated several works, among them a treatise by Barron on the subject of Tuberculosis.

On account of her writings she was given the honorary title of Doctor of Medicine by the University of Marburg.

Her "Memorial de l'art des accouchements" was written, as we have said, while she was at the Maternité. She began it, she says, for her own benefit, and made drawings of the different positions of the fœtus, principally for the instruction of her niece, who had the intention of becoming a midwife. Being surprised by Chaussier while engaged in this work, and being asked by him whether she would not be willing to publish it, she replied that the main difficulty lay in the great cost of reproducing the plates, and that without these she thought that such a book would be comparatively useless. Upon this Chaussier offered to take the expense upon himself, for which great liberality she expresses her gratitude in the preface to the first edition.

The second edition contains many chapters which were not in the first, notably those on the Circulation of the Blood in the Fœtus, on the Nutrition of the Fœtus, on Artificial and Natural Deliverance, on the Care of the Woman before, during and after Labor, and on the Care of the Newborn Infant.

"The precepts contained in this work are," she says, "founded on the practice of the Hospital of the Maternité and on those of the most celebrated practitioners of our own as well as of foreign countries. We have had recourse to our own experience only in those cases where more reliable authorities have been wanting."

The criticism of the General Council of the administration of the civil hospitals of Paris on the work is perhaps as good as can be found, and we therefore give a brief abstract of it. The Commissioner says: "All treatises on Midwifery are composed essentially (1) of the anatomical and physiological part necessary for the better comprehension of the development of pregnancy and the mechanism of labor; (2) of a part which explains the mechanism of natural labor, notes the different obstacles which are opposed to its course, rendering it more or less difficult, and indicates the proper means by which these are to be remedied; (3) of a description of the conduct of labor."

"The first part is treated in this work excellently and systematically. All the parts referring to pregnancy and labor are written with great clearness and precision, as also are those treating of the development of the embryo and of the fœtus. One sees with pleasure that Madame Boivin possesses a thorough knowledge of her subject. The mechanism of labor, which is the foundation and the key of the whole art, is well described. The third part, namely that which treats of the conduct of labors, is generally taught by means of a machine, or sort of manikin, which represents the woman in labor. It is the custom to demonstrate to the pupils all the possible positions which the child can occupy with relation to the canal through which it has to pass, and these the pupils are made to practice on the manikin. The different positions and the manipulations which they demand form the most important part of her work, and it is just this which distinguishes it from the elementary books upon the art of midwifery. They are set forth in 133 plates, but after what I have just said it is easy to judge that this work ought to be more useful to those who have already finished their course than to those who are commencing it."

A footnote by the author says: "It was this last remark which determined Madame Boivin to make additions to the book, so that it might be equally useful to those who were beginning as to those who had ended their course."

We shall say very little more about the work itself. In speaking of the nourishment of the fœtus she gives some very interesting experiments of Chaussier which were made to prove that the uterine vessels communicated, although indirectly, with the umbilical vein.

In speaking of the different presentations she refers to Baudelocque's statistics, which contained 20,517 births. She also gives a table of cases reported by Dr. Samuel Merriman, accoucheur of the General Dispensary of Westminster, of the Middlesex Hospital, and of the Infirmary of St. George's Parish in London. This table is taken from his work which is entitled "A synopsis of the various kinds of difficult parturition." Every possible position is illustrated in the

plates at the end of the book, and there are also figures which serve to illustrate the use of the lever and of the forceps, as well as showing the other different manipulations.

The book closes with the aphorisms of Mauriceau, who was an obstetrician of the 17th century, and of those of Orazio Vallota, the latter of which she translates from the Italian. Of these we shall not speak now, as we are dealing with the original works of Boivin.

This smaller book which I now show you accompanied by a German translation, was published in Paris in 1828, and is entitled "Researches on one of the most frequent and least known causes of abortion," followed by a monograph on the pelvimeter. The work, which was commended by the Royal Society of Medicine of Bordeaux, consists of careful notes on a number of cases, some of which came to autopsy, and its purpose is to refute the opinions of those who held that "pregnancies, abortions and difficult labors are the most frequent causes of diseases of the uterus." "On the contrary," says Boivin, "it is the diseases of the uterus, and even more often those of the adnexa, which are the cause of abortion and of premature labor. (2) Among the many women whom we have seen suffering with diseases of the uterus, many confessed that they had had abortions, but very few had met with difficult labors." In an interesting footnote she adds: "At the moment of writing these pages I was consulted by the wife of a druggist, aged 23, in whom on three successive occasions labor had come on at the end of seven months. During the course of the two last pregnancies she received the intelligent aid of Professor Gardien; but in spite of this, and in spite of general blood-lettings (repeated four or five times) and absolute rest, the labor came on in the seventh month. In this case we found upon examination that the adnexa on the right side were adherent to the uterus."

This, then, is the most important proposition in the work, and we will content ourselves with a short summary of the conclusions at which she arrives. (1) Abortion is often the result of an organic lesion of the uterine adnexa, and these diseases are not, as is generally supposed, often caused by abortion. (2) Such lesions are seen more often than one would think in young patients. (3) They are generally due to a chronic phlegmasia, to irritation, or to the formation of accidental tissue which exposes the parts to an acute inflammation. (4) Such conditions are often brought about by neglect of the laws of hygiene. (5) The germs of these affections are seen in girls who are weak, of a lymphatic temperament, or of a scrofulous constitution, who are troubled with habitual constipation or diarrhœa, who have a bluish sclerotic and long eyelashes. (6) With these last menstruation is premature and seldom regular. Leucorrhœa and constipation are ordinarily the cause of these diseases, but often these causes become effects. (8) Since the symptoms of this disease can easily be mistaken for those of another affection, the rational method of diagnosing such conditions is by careful examination. (9) The examination of the genitals should be made with the greatest care, and it should be especially noted whether the organs are fixed or movable. When the uterus is bound down, if conception takes place, abortion will result. (10) Adhesions of the peritonæum to the surface of these organs hinder them from changing their position in the normal manner. (11) Marriage, which is so often recommended for this condition, in the majority of cases instead of curing, acts as an exciting cause of diseases of the uterus. (12) When only one tube or ovary is diseased, conception can take place, and can even go on to term. (13) But abortion will almost inevitably result, if the adhesions, no matter what their nature be, are extensive, because they bind down the uterus and do not permit it to expand. (14) Such abortions are very generally followed by grave accidents, by hemorrhage, metritis, peritonitis, ulceration, sometimes even by gangrene of the parts affected, and death. (15) At other times, ulceration follows abortion, and if the abscess breaks into the peritoneal cavity, the result is fatal for the patient, but if it discharges through the vagina or rectum she may recover. (16) One cannot judge of the condition of the uterus by the appearance of the utero-vaginal orifice. (17) The disease sometimes extends to the adnexa, but on the other hand sometimes it is at first limited to them and progresses from within outwards. (18) When the ovary is diseased, but is not bound down and can extend into the abdominal cavity, it may happen in such cases that the uterus preserves its normal situation and its natural volume. Sometimes when the ovaries and tubes have increased in volume we find an atrophied uterus. (19) Fatal accidents are less common when the diseased adnexa are not bound down. We may have, however, compression of the lungs, and ascites. (20) Cyst of the ovary is only dangerous in itself when it has attained a considerable volume. The patient, however, generally succumbs to exhaustion. (21) In pregnancy the umbilicus goes towards the middle regions of the abdomen instead of descending towards the pubes, as it does in case of abdominal tumors and in ascites. (22) Many of these diseases can be prevented and many patients can be saved by an early diagnosis.

The second series of cases are instances in which diseases of the ovaries have been mistaken for pregnancy. In speaking of the operations which have been practiced for diseases of the ovaries, she takes the opportunity of translating into French a letter on a case of successful extirpation of the ovary, addressed to a citizen of Philadelphia by Alban G. Smith, M. D., of Danville in Kentucky. She follows to some extent the literature on the subject of these operations and mentions McDowell's cases, quoting from the "Eclectic Repertory." She mentions the case of Dr. Nathan Smith, which was recorded in the Edinburgh Medical and Surgical Journal, as well as four cases of M. Lizars. Quoting from a number of the same journal in 1825, she says that the English are not in favor of this operation, and credits the editor of the "Review" with the following remarks: "It is impossible to believe that such an operation has ever been performed with success, and we do not think that one should ever undertake it." For herself she says: "We are more credulous than the author of the article in the Medico-Chirurgical Review; not only do we believe that the operation has been attempted, but that it has been performed with success, because there are circumstances which accompany diseases of the ovaries which permit us to believe in a sort of cure; but since these favorable con-

ditions can never be known until after the operation has been begun, the attempt we must admit savors of rashness, and the success obtained could not guarantee a lasting security. It is true that gastrotomies, gastro-hysterotomies, and other operations where the peritonæum has been opened, have often been attended with favorable results, and accidental wounds of the abdomen have frequently gotten well, but it must be remembered that disease of the ovaries which is not caused by abnormal pregnancy is almost always the result of some constitutional affection and of a scrofulous or cancerous idiopathy. In these latter cases, therefore, the resistance of the patient is diminished." She concludes by saying that such operations might prove more successful on savages and negresses, who from suffering in a state of slavery are almost indifferent to what would be fearful pain to Europeans, who have arrived at a high condition of civilization, and are consequently much more sensitive. In the case of the latter, she doubts whether such operations will be found to succeed as well as in that of "those poor wretches who are obliged to submit to the commands of the master who orders them to be disemboweled just as he orders them to work."

In the same volume is found a description of a new pelvimeter with accompanying plates. The chief advantage claimed for her instrument is that by its use great accuracy is obtained, since one arm is inserted into the rectum and thus rests upon the sacro-vertebral articulation.

We have referred somewhat at length to this one of the less important writings of Madame Boivin, but we now come to what is perhaps her greatest book, which, as we have said before, she wrote with the assistance of A. Dugès, a nephew of Lachapelle, and which is entitled "Diseases of the Uterus and its Appendages." The very fact that the book was published as late as 1834, and was written in conjunction with a man who was a well-known writer and a professor of the faculty of medicine of Montpellier, besides possessing many other titles, would have led us to expect that we were dealing with a comparatively modern book on the subject of gynæcology, and one which was fully abreast, if not ahead, of the times in which it was written. In fact, twenty years ago it might well have passed as a modern text-book, and it is only since bacteriology has introduced so many changes in the technique, and has consequently rendered more common and less dangerous operations which in Boivin's time were but rarely attempted, that her work has become really antiquated. Whatever treatment she may have received from the hands of Lachapelle, it is evident that she bore her no ill-will, since the work is dedicated "to the memory of Madame Lachapelle, our first guide, our first teacher, the object of our common affection during life, of our admiration and of our regrets after her death," and to M. C. Duméril, who was the physician in chief to the Maison Royale de Santé.

All through the book it is evident that the literature of the subject has been thoroughly worked up, and all the important writers and their opinions are quoted in its pages. The French version with its numerous clinical cases is at times a little tedious, and we have therefore found it more agreeable to read the English translation by Hemming, this being admirable, and the footnotes which he adds being full of interest, more especially as he quotes frequently such men as Marshall Hall, for whom he had a profound respect and to whom he dedicates his translation. It is not necessary, then, to go through the work in detail, but it is still well worth reading. We will only mention a few minor points which for some reason or other especially attracted our attention. One point in connection with the use of the drainage tube struck us more particularly on account of the disfavor into which its employment has lately fallen. In her chapter on wounds of the uterus, after speaking of a gunshot wound caused by a bullet which killed the child *in utero*, but which did not prove fatal to the mother, she speaks of a case in which the uterus had been penetrated and which was drained by means of a tube. She says that the tube remained in for some time, and the wound continued to discharge freely until one day, as luck would have it, the tube was forgotten and the wound very quickly healed.

Her subject is divided almost in the same way as in the modern text-books.

Of extirpation of the uterus she says, after speaking of the occasional necessity for it in prolapsus and inversion, that the operation of total extirpation is so formidable it will probably be ultimately interdicted in those cases in which the uterus is in its place.

She then goes on to mention two cases of hysterectomy performed by ignorant persons which proved successful, and several by skilled men, all of which were apparently fatal.

Her chapters on fibroids, polypi and cancers are in accord with the best teachings of those times. Of cancer she says: "The term cancer has been expunged from the vocabulary of pathological anatomy, owing to the want of precision in its use. By cancer we shall designate every affection which by converting in its progress the texture of the uterus, has a natural tendency to increase, to propagate itself on all sides, and ultimately to be itself destroyed by ulceration beginning at its centre. We shall hereafter distribute them into four chapters under the titles of the scirrhous, the fungous, the ulcerous, and the hæmatode."

In her chapter on puerperal fever she says that the causes are still unknown. "Cold operates more frequently as the occasional rather than the exciting cause, but all the facts go to refute the so-called humoral pathology."

She speaks of the success of ergot in hemorrhages of the uterus, but says it is difficult to state what are the particular cases in which it should be used. She discusses the two contradictory opinions which existed as to the origin of hysteria, and although she agrees that the theory that hysteria proceeds from a disease of the brain is not unreasonable, she thinks that as the state of the uterus so distinctly modifies the nervous symptoms, its primary and real source may be fairly traced to that organ, especially when we consider that undoubted though slight hysteria always exists at the time of the menopause."

She describes minutely various paroxysms, (1) suffocating paroxysms, (2) apoplectic paroxysms, (3) syncopal paroxysms, (4) cardiac paroxysms, (5) pertussiform paroxysms. Of the fourth variety she gives two examples, one being the case of no less a person than Madame Lachapelle herself. "Madame Lachapelle was affected with symptoms which had been

attributed to aneurism of the cœliac artery, and spasmodic dysphagia, which in one of her attacks almost precluded the use of food and drink for fifteen hours. In 1812 the case assumed the form of palpitations accompanied by dyspnœa, excessive anxiety and extreme debility, with general trembling and oppressed respiration. These symptoms were always attended by a profound sense of coldness, alarm, and apprehension of aneurism. After continuing for a quarter or for half an hour the paroxysm subsided, and repeated eructations announced its termination."

She gives nothing new or very strange for the treatment, but says that the cough can be cured by the syrup of morphine, a therapeutical hint of doubtful value.

In speaking of diseases of the ovaries, she raises the question whether it would not be safer and easier to remove a diseased ovary through an incision in the vagina. She cites a case of labor during which a scirrhous ovary came down and projected from the anus together with a portion of the rectal wall; this was cut off and the woman died. But she questions whether, if the case had not been complicated by the labor, and the incision had been made through the vagina, the result would have been equally fatal.

She devotes separate sections to diseases of the Fallopian tubes and those of the ovaries. In speaking of the ovaries she again mentions the operations of N. Smith and Ephraim McDowell of Kentucky, and after giving various others, reaches the following conclusion: "There are then 15 cases of this operation, namely extirpation, of which 6 have been attended with at least temporary success, 5 with neither good nor bad results, and 4 with death. In five cases the operation could not be completed. Extirpation will therefore be indicated only when the diagnosis is distinct; when the mobility and recent date of the tumor preclude the probability of adhesions, and when the absence of hardness after examination by puncture removes all fear of serious complications. Even then we should hesitate, but if we do decide upon the operation, the incision should be as small as possible, the sac should be first evacuated by puncture and afterwards drawn out in its empty state."

Several pages are devoted to injuries and inflammations of the pudenda. She recognizes three kinds of lacerations of the perinæum, the anterior, the central or posterior, and the complete laceration. She concludes by giving cases of fæcal fistula which opened through one of the labia majora.

The plates which accompany the book are excellent.

We do not pretend in this short paper that we have done full justice to the works of Madame Boivin. It is evident that she not only understood her subject, but she also knew how to write lucidly. Even if her own modest assurance is true that her works contain little that is original, at any rate we owe her a great debt of gratitude for collecting and putting in a readable form the combined knowledge of the majority of the principal authorities of her time.

BARON VON LANGENBECK, SURGEON-GENERAL OF THE GERMAN ARMY, PROFESSOR OF SURGERY IN THE UNIVERSITY OF BERLIN.

By Walter B. Platt, M. D.

[*Read before the Johns Hopkins Hospital Historical Society, April* 9, 1894.]

Among the surgeons of the present century who by noble thoughts and acts inspire their pupils with unbounded admiration, there is none who has received and deserved more than Bernhard von Langenbeck, both on account of his great professional achievements as well as by reason of the rare personal qualities, which were those of a leader of men. The one made him far and away the first surgeon of his day in Europe; the other, a man most beloved by his pupils, patients and colleagues.

To how few are these qualities granted! United with stability of purpose, they must produce a certain result. This is seen throughout his intensely active and useful life. It was my rare good fortune to know him, to see and hear him often, to meet him frequently at his own house.

The impress of his character will remain indelible. In looking over the enthusiastic and almost tearful notices written in different parts of Europe by his many pupils soon after his death, the same impression seemed to have been made upon all. There was the greatest admiration of the man as well as of the brilliant surgeon.

On the shores of the Weser just as it empties into the North Sea, Langenbeck was born November 8, 1810, in the small village of Padingbüttel. His father, George Langenbeck, was the local clergyman and chaplain. His mother's maiden name was Johanna Sussman. The father is said to have been a most excellent pastor, and teacher as well; among his pupils was Count Borries. His half-brother, that is to say the half-uncle of young Langenbeck, was the well known Professor of Surgery at Göttingen, who was among the last of those who united the branches of ophthalmology and surgery.

Young Langenbeck early showed a great fondness for knowing how various animals "looked inside," and dissected these upon all occasions. He studied under the direction of his father, who designed him for the ministry, his studies being in part such as would prepare him for theology. What passed between father and son when the latter decided upon a different course is unknown. The fact in evidence remains that he entered the University of Göttingen, October 25, 1830, taking the medical course and remaining until 1834, when he took for his graduating thesis a dissertation upon "The Structure of the Retina." In this we may see the guiding hand of the uncle. That it was not due to this alone is probable, in view of the fact that a later addition was made to the thesis, concerning "Path. Anat. Alterations of the Retina." Micro-

scopical work thus early claimed his interest, and he was speedily made a Docent in physiology and microscopy. While continuing in this branch, he soon began teaching operative surgery on the cadaver, giving private instruction with great success.

Soon after taking his degree, it is related that on returning for a visit to his father's house he was so besieged by the patients who came to seek his skill that he had to get out of a window by means of a ladder in order to make his escape. At Göttingen his courses in operative surgery attracted so much attention that he thought it best to go away, out of consideration to the feelings of his uncle, the regular Professor of Surgery. He was speedily called to the chair of surgery at the University at Kiel. Not long after, one of the Holstein wars broke out and he entered eagerly upon the career of army surgeon.

His success upon the field was so brilliant that before the war was fairly over he was called to Berlin to fill the chair of surgery, left vacant by Dieffenbach, who fell dead in his clinic when about to operate. "Youth" and "book learning" were urged against his appointment, which was delayed for a time. When he finally came in 1848 he found a crowded auditorium and enthusiastic applause awaiting him on his first appearance.

Then came other Holstein wars, in all of which Langenbeck took part, teaching as well as operating throughout his service, resembling in this respect Larrey, for whom he had great admiration. Before coming to Berlin Langenbeck had every advantage of foreign study, visiting Paris and London. In the latter city he knew Sir Benjamin Brodie, Lawrence, and Henry Green. He was especially attracted to Sir Astley Cooper, who, retired from active work, was then living at his country seat. Having no children, he made sons of his three nephews, the well-known surgeons Bransby Cooper, Aston Key, and John Tyrrel. Langenbeck was accustomed to meet them at their uncle's every Sunday, and passed delightful hours in their society. The pleasures and mutual advantage of social intercourse among professional men as shown at the meetings of the London Medico-Chirurgical Society impressed him strongly, and during his entire after-life he was fond of gathering his pupils about him. London was not revisited for forty-four years. During his thirty-four years in Berlin he founded the German Surgical Society, and for the last twelve years of his residence in that city was president of the Berlin Medical Society. When president of the German Surgical Congress he paid constant attention to every word of each speaker, although the long sittings must have been wearisome to him in his old age.

If Dieffenbach was the first great German surgeon, Langenbeck was the founder of German surgery as we know it to-day, where the constant striving is to build upon a foundation of biology and experimental pathology, where each result is subjected to the closest scientific scrutiny and criticism. He was a firm believer in carefully conducted experiments upon animals to verify or disprove the value of new surgical procedures.

He was an enthusiastic army surgeon, participating in all the Holstein wars, in the war with Austria in '66, and in the Franco-Prussian war of '70. He took the most advanced ground in military surgery regarding the ambulance system, work on the field, and the absolute neutrality of hospitals. The Red Cross movement excited his keen interest, and he attended the Geneva Conference, where decided advances were made. Any violation of the Red Cross symbol to avoid capture excited his utmost indignation. He heartily endorsed the words of the German Emperor, who nobly said, "A wounded enemy is no more an enemy, but a comrade needing our help."

He endeavored to inspire his young army surgeons with the highest ideas of duty, saying, "While we may not expect a military surgeon to know everything, yet there are things he must know to a degree approaching perfection."

Nor did he fail to illustrate his stern ideas of duty, on the bloody field of Gravelotte, when, being told that his best beloved son had been fatally wounded, replied, "I cannot leave, my duty keeps me here." He did not see him until the day following. An English surgeon who accompanied the German army during the campaign of '70 was strongly impressed with the affection and reverence the young surgeons showed for Langenbeck. In this campaign he performed a large number of those subperiosteal resections with which his name will always be associated. He notes the greatly decreased mortality where a resection can be substituted for an amputation. Wherever there was much to be done he was to be found, although he never interfered with his subordinates nor deprived them of operations which were his for the taking.

Langenbeck was a man who wrote but little when we consider the number of years he was at work. Thought and a conservative originality are on every page that came from his pen. His articles and pamphlets number but 47; his operations must reach into many thousands. He founded the *Archiv für Chirurgie*, and devised new methods of operating on hare-lip. His *uranoplastik*, an operation for the closure of cleft palate in which the mucous membrane with the periosteum is loosened from the bone, is well known. His joint resections are the best we have to-day. He was one of the earliest to advocate the immediate fixation of fractures by means of immovable dressings. Langenbeck reminds us that it was Heine who in 1830–40 did the first subperiosteal resections, upon dogs. The results of his experiments are still to be seen in the Museum of the University of Würzburg.

We must not forget to mention that while at Kiel Langenbeck was called to the chair of surgery at Munich. The appointment failed of royal confirmation, and a favorite was installed in the place.

In his early days he was one of the first to assert that glanders was caused by a micro-organism. The real organism he mistook. The microscopes and the technique of that day did not admit of following up the ultimate cause.

Langenbeck was the great teacher of surgery on the Continent. Pupils from distant parts of Europe and America flocked to see and hear him. He was especially devoted to helping young men by every means in his power to acquire what they came for. Many of his pupils are now the most eminent surgeons of Germany; among these may be mentioned Billroth, Trendelenburg, Hüter, Krönlein and Bose. Billroth, Langenbeck's assistant for seven years, loved him as

a father. He says, "His name is written in golden letters not only in the Book of History but in the Book of Love of all his pupils and friends," and in speaking of his immediate popularity on assuming the chair of Surgery at Berlin, said, "In a short time he had conquered the hearts of pupils, colleagues and patients." "His charm of personality captivated all. He was the inspired leader of youth, their incarnate ideal of a clinical teacher." "His place among us, or rather over us German surgeons, was at the same time by the grace of God and by our choice."

The occasion of his 70th birthday in November, 1880, might be called a love-feast. Sixteen full professors of surgery who had been either his own assistants or those of his devoted followers, gathered about him, the students of the University gave him a torch-light procession, and the citizens in general caught the enthusiasm. His was the wonderful gift of mingling freely with his subordinates without the slightest loss of their respect or admiration. Absolutely cold-blooded in operating, he was the kindest and most warm-hearted of men. To quote the words of another, "Endued with a sympathetic voice, he was at the same time fluent of speech and modest of demeanor, while he combined a charm and impressiveness of manner with an intimate knowledge of detail."

Small in stature and slight in figure, with an exquisitely refined face and a noble look in his eye, he was an aristocrat by nature and in feeling.

His life was an active one. He rose at five in the morning and took a horseback ride when the weather permitted immediately after coffee. At six he gave a course in operative surgery on the cadaver to graduates in medicine or last-year students. At eight he saw his office patients. From ten to two he attended to his private practice and made his hospital visit. At two or soon after he operated daily in his clinic upon the most difficult cases. Finishing at 4.30 p. m., he spent the remainder of the day with his friends, his family, or in writing.

He was an excellent teacher, clear in thought and expression, and careful in arrangement of his subject-matter. Langenbeck was a rapid and bold operator. He never failed to neatly cover in the large defects left after removing extensive malignant growths from the face, bringing up and turning in flaps of skin from apparently impossible places, and sending out the patient entirely presentable.

In operating he was fond of using small knives, which were sharpened in the operating room by the assistants immediately before an operation. When a knife had served him well in some important operation he was accustomed to have a small notch cut in the handle for future reference.

After an operation he invariably applied the dressing with his own hands. It was impossible not to give him your whole attention during a clinic or lecture. His earnest voice and fiery manner fascinated the beholder as if under the spell of a magician.

At the close of the Franco-Prussian war he was the recipient of honors and decorations from nearly every court of Europe, and the thanks of the Emperor, with whom he stood on the double footing of friend and physician.

Soon after his 70th birthday, with fame in no way diminished, he resigned his chair in the University on account of a cataract which interfered with his work. Retiring to his beautiful villa situated on the hills overlooking the city of Wiesbaden, he passed the remainder of his days, dying September 29, 1887, of apoplexy, at the age of 77, leaving behind him a name which men delight to honor.

[I am under obligations to addresses by Billroth and Von Bergmann, as well as to an article in the London Lancet, for such facts as were not derived from my own knowledge of Von Langenbeck and his environment.—W. B. P.]

NOW READY.

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A FATAL CASE OF PURPURA HÆMORRHAGICA, WITH EXTREME ANÆMIA.

BY JOHN S. BILLINGS, JR., *Assistant Resident Physician.*

[*Read before the Hospital Medical Society, April* 2, 1894.]

The patient, a boy aged ten, was admitted to Ward F, March 22, 1894, complaining of pallor and great loss of strength.

His family history was negative. No history of hæmophilia. The personal history of the boy was very good. He had had the ordinary children's diseases, and had always been a strong and healthy boy.

Eight weeks before admission his mother noticed that he was becoming pale; also that he was languid and easily tired. She first noticed the spots on the legs about five weeks later, but attributed them to bruises received while at play. This the boy denied. Two weeks before admission he began to have a slight cough, with blood-tinged expectoration. This has continued, and blood has been constantly present in the expectoration, though never in great amount.

No melæna, hæmatemesis nor hæmaturia.

The bedside note on March 23 is as follows: "Extreme pallor of skin and mucous membranes. Sclerotics pearly. Pupils dilated. Eyelids a little puffy. Gums are firm and hard; no bleeding from them. There are two small ecchymoses on the inside of cheeks. No subcutaneous hemorrhages on face. On upper part of chest and at root of the neck there are a number of ecchymoses, chiefly deep-seated, ranging in size from a pin's head to 3 mm. in diameter. Over the right shoulder there is a larger extravasation like a bruise. Several ecchymoses and one or two suggillations on the back. There is a large subcutaneous hemorrhage over the right anterior superior iliac spine. Numerous hemorrhages, large and small, on the legs. No œdema of ankles.

Liver and Spleen.—No apparent enlargement of liver or spleen.

Lungs are clear on auscultation and percussion.

Heart.—Apex beat diffuse; most marked in fifth space, in nipple line. Loud systolic murmur at apex; heard along anterior axillary fold, and very intense along left sternal margin. It is also heard in the cervical vessels.

Abdomen is negative; no tenderness; no arthritis; no enlargement of lymph glands."

Urine.—The urine showed a trace of albumen. No tube casts nor red blood corpuscles.

No blood in stools.

Twenty minims of the tincture of the chloride of iron in sweetened lemonade, three times a day, were ordered. The boy bled very easily, a small prick in the ear continuing to bleed for an hour on one occasion.

The patient seemed to improve slightly for the first few days, but on the evening of March 30th the cough became more severe and the boy complained of dyspnœa and substernal oppression. The pulse became rapid and feeble, and death took place at 4 A. M. on the 31st. No autopsy was obtainable.

Blood.—The blood count on admission was as follows: Reds 696,000, whites 4000 per cmm. Hæmoglobin 17 per cent. It showed a very severe grade of anæmia, the red corpuscles being only a little over one-tenth of the normal number. The hæmoglobin was estimated by means of a Fleischl hæmoglobinometer, and the results are only of relative value, as the readings on this instrument are unreliable under 20 per cent. Daily blood counts were made until the day of death. The red corpuscles, as shown on the chart, ranged between 696,000 on admission and 483,000 on the 30th. There was apparently a slight rise on the 25th, but we must remember that we are dealing with relatively small differences. The limit of error with the Thoma-Zeiss hæmocytometer is, in our experience, between 100,000 and 150,000. Hence we must say that the number of red corpuscles remained practically constant. The hæmoglobin ranged relatively higher than the red corpuscles. This is not well shown on the chart.

Heated and stained specimens of the blood were examined on March 23. There were only very slight variations from the normal in the red corpuscles, consisting chiefly in moderate differences in size. No poikilocytosis. No nucleated reds were seen. The amount of hæmoglobin contained by the individual corpuscles seemed to be above normal. Many polychromatophilic red corpuscles were seen. Seventy-five per cent. of the leucocytes were of the small mononuclear variety. This includes the lymphocytes and small mononuclears of Ehrlich. No eosinophiles; no adventitious forms.

Stained specimens were examined every other day, but showed nothing farther than an increase of the small mononuclear elements to 80 per cent.

On account of the subcutaneous hemorrhages, the anæmia and the hemorrhage from the bronchial mucous membrane, Dr. Osler is inclined to consider the case one of morbus maculosus Werlhofii. This is a form of purpura with hemorrhages from the mucous membranes occurring in infants, first described by Werlhof. The blood condition is most interesting and resembles closely a case reported by Ehrlich.* In this case, which was one of steadily progressive anæmia secondary to excessive menorrhagia, there was absence of nucleated red corpuscles from the blood, no leucocytosis, and a marked increase in the small mononuclear leucocytes. From observation of similar cases he draws the conclusion that when the foregoing conditions obtain there is entire absence of regeneration, and that the prognosis is distinctly unfavorable. The blood condition in these cases indicates that there is either no effort at regeneration on the part of the blood-making organs, or that there is some morbific influence at work destroying the corpuscles faster than they can be produced. In a case of fatal progressive anæmia reported by Fischel and Adler† the anæmia was consecutive to a wound of the foot which suppurated. The blood showed all the features of a pernicious anæmia, and the post-mortem examination showed typical deposition of iron in the liver. Micro-organisms were found to be present in the blood two days before death. They were

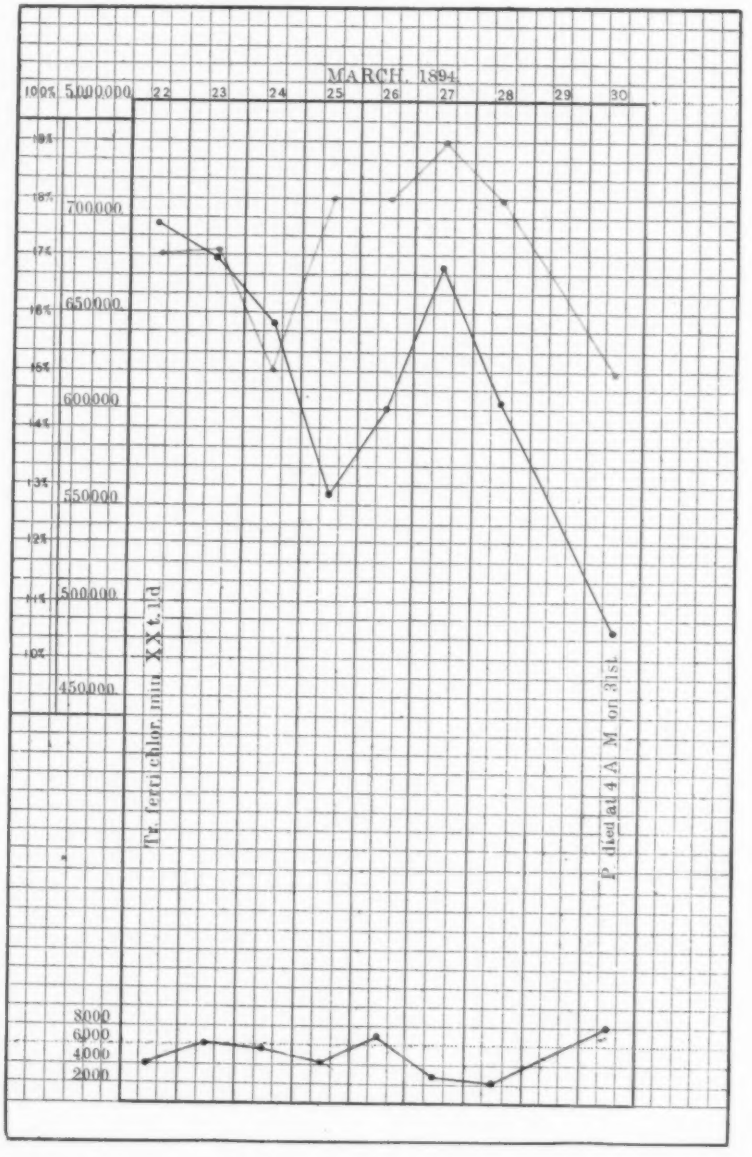
* Charité-Annalen, XIII, 1888.

† Zeitschrift f. Heilkunde, Vol. XXIV, Part 4.

cocci and grew well on ordinary culture media. The authors claim to have produced a progressive fatal anæmia in animals by injections of cultures of this organism. No cultures were made in our case, but the history would seem to rule out anything of the sort. The absence of leucocytosis, the increase in mononuclear leucocytes, and the relatively high percentage of hæmoglobin are what one would expect to find in a case of progressive pernicious anæmia. The absence of large and small nucleated red corpuscles and of poikilocytosis is, however, against it.

The absence of poikilocytotic changes in the red corpuscles is remarkable, considering the severe grade of the anæmia. It is probably to be explained by the relatively short duration of the patient's illness. In view of the recent work done by the Russian observers and others on the bone-marrow, it is unfortunate that no autopsy was obtainable.

BLOOD CHART.



BLACK = RED CORPUSCLES. RED = HAEMOGLOBIN. BLUE = COLORLESS CORPUSCLES.

BIOGRAPHY OF JOHN OF ARDERNE.*

BY THOMAS WINDSOR, *Manchester, England.*

All that is really known is that he was born about 1308,† practised in Wiltshire (Wilceshure and Wilteshure), M.S. f. 54, "hoc probavi in Vicecomite Wilteshure," and abroad (M.S. f. 49, "hoc probavi in uno Rege et doubus Episcopis in transmarinis partibus"), and afterwards at Newark, in Nottinghamshire, from 1349 to 1370,‡ when he removed to London, where he wrote his treatise on fistula in 1376,§ and his "Cura oculorum" in 1377.‖

It has been supposed or asserted that he was educated at Montpellier and that he practised in France as a military surgeon (Häser: Lehrb. d. Gesch. d. Med.), that he practised at Antwerp (E. H. in his transl., Sloane, 2271), that he was at the battle of Crecy (E. Milward in a . . . letter . . . concerning . . . British physical & chyrurgical authors), and that he was surgeon to Richard II and Henry IV (W. Beckett in Philos. Trans. V. 30, p. 842).

I am not aware that any of these statements can be proved; it may also be noted that he would be about 91 when Henry came to the throne. It may be mentioned that 3548 Sloane ends "explicit practica Henrici Ardern," and that in the Hunterian Library, Glasgow, there is a MS by Johannes Arderon "de judiciis urinarum," written apparently after the time of Henry the 4th.

I may just mention that the MSS. in the British Museum are almost invariably imperfect.

CONTENTS OF MANUSCRIPT OF JOHN ARDERNE'S WORKS.

f. 41. Contra colicam et iliacam passionem. Modus ministrandi clysteria.

f. 43. Contra dolorem lumborum et renum. Contra lapidem in renibus.

f. 44. Contra ulcerationes vesicæ vel renum.

f. 45. Confectio olei nardini. Regimen nefreticorum.

f. 46. Provocans vomitum.

f. 47. Contra saniem mingentes. Confectia olei amigdal. Contra ardorem urinæ et excoriationes virgæ inferius.

f. 48. Contra Shawedepisse (in other MSS Chaudepisse). Scolopendria.

f. 50. Contra lapidem.

f. 52. Contra inflammationes virgæ vel vulvæ.

f. 53. Contra ulcera sub præputio.

f. 55. Contra inflationes testiculorum.

f. 57. Contra lacrimas & ruborem oculorum, etc. Modus purgandi.

f. 61. Cases of fistula ani.

f. 63. Behaviour of surgeon.

f. 67. Argentum vivum.

f. 68. Apostemata in ano.

f. 74. De restrictione sanguinis.

f. 76. Ung. Arabicum. Signum perfectæ curationis.

f. 81. Bubo est apostema infra anum in longaone. Various cases of fistula and other affections of the anus.

f. 85. Pulvis grecus. Oleum rosarum. For to make oyle of roses (in English).

f. 86. To make a gode salve for a wounde (in French).

f. 87. Ad clarificandum visum.

f. 88. Confectio pulveris sine pare. Regula de crebra remocione plagarum.

f. 90. Plaga facta cum cultello vel sagitta.

f. 95. Repercussiva simplicia.

f. 97. Morsus canis rabidi.

f. 99. Contra emorroidas (gives a list of authors made use of).

f. 104. Cauterizantia.

f. 107. For the emorode.

f. 129. Curatio virgæ inflatæ & calidæ cum rubore.

f. 130. Cura apostematum in genu.

f. 131. Cura apostematum in tibia.

f. 132. Quomodo cognoscitur caro mortua.

f. 133. Contra malum mortuum.

f. 136. Fistulæ &c. in digitis.

* In the "Biography" as published in the March number of the Bulletin several errors, due to copying the manuscript, appeared. These have been corrected by Mr. Thomas Windsor, and the memorandum is reprinted.

† Brit. Mus. Sloane 75, fol. 146. After saying that his eyes had become much weakened from study and writing up to the 70th year of his age, he says: "Et sciant presentes & futuri quod Ego magister Johannes de Ardern chirurgicorum minimus hunc libellum propria manu mea exaravi apud londonn anno, viz., regni regis Ric. 2i primo et etatis meæ lxx."

‡ In most MSS. of his works: in one before me he says (f. 61, v. "Ego Johannes prædictus a prima pestilencia quae fuit anno dom. 1349 usque annum dom. 1370 moram traxi apud Newerk in Com. Nothing. (f. 62, r) Postea anno dom. 1370 veni London. et ibidem curavi . . ."

§ Sloane, 341. "Ego Joannes dictus Arderne cirurgicus scripsi hunc libellum anno domino 1376 ad utilitatem & conservacionem sanitatis humanæ, viz. anno quo princeps Edwardus princeps Walliæ primogenitus filius Edwardi regis migravit ad dominum in die S. Trinitatis xi^o idus Junii."

‖ 1st year of Richard II.

PROCEEDINGS OF SOCIETIES.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.

Meeting of April 2d, 1894.

Dr. KELLY in the chair.

An Interesting Case of Trachoma.—DR. RANDOLPH.

This patient has just come into the hospital and I have brought him in this evening because I expect to operate to-morrow and remove the interesting objective features of the case. It is an advanced case of trachoma or granular conjunctivitis. This disease is characterized objectively by the appearance in the conjunctiva of small granules ranging in size from a pin's head to a millet-seed and even larger. These granules attain a large size in the retrotarsal folds. The subjective symptoms are great pain and photophobia. Regarding the origin of trachoma, it seems to be now quite clear that it has a parasitic origin. Michel of Würzburg has done reliable work on this subject and has succeeded in getting out a micrococcus which is in some points like the gonococcus. Fuchs thinks that in its ultimate origin the disease is to be traced to an infection from the genitals. There is a difference between the disease as met with in this country and in Europe. It is highly infectious as seen in Europe. I have never been able to satisfy myself as to its infectiousness in this country. It is no uncommon thing in Europe for whole households to be affected. The treatment is to excise the granules and the folds, and it is interesting to note the fact that this is one of the most ancient methods of treating the disease. For a long time this method fell into disuse and was never adopted. It is now, however, in cases like this one the main method of treatment.

Exhibition of Dermatological Cases.—DR. GILCHRIST.

Dr. Gilchrist exhibited a patient, a colored woman, having an interesting papulo-squamous syphilitic eruption simulating psoriasis very closely. He exhibited also a case of psoriasis by way of contrast. Sections were exhibited under the microscope illustrating the lesions in both diseases. One of the sections was from a case of psoriasis where one of the lesions was situated on a scar which is perhaps the first case of the kind on record. This section illustrated the comparison between the normal skin, the normal scar and the psoriasis on the scar.

A Fatal Case of Purpura Hæmorrhagica, with Extreme Anæmia.—Dr. Billings. (See page 65.)

Dr. Thayer.—I have very little to add to what Dr. Billings has said. It was an extremely interesting case. He lost very little blood while in the hospital. The amount he coughed up was not enough to account for the rapidly progressing anæmia. The only thing that could possibly account for the manner in which he failed was the entire absence of effort on the part of the blood-forming tissues toward regeneration. It corresponds to the class of cases which Ehrlich spoke of years ago, and is similar to a case which he recorded in 1881 of a young woman having a very severe post-partum hemorrhage, after which the blood showed conditions not unlike this. The patient went steadily down and died in the course of a week.

Dr. Osler.—This is the second instance of this form of purpura hæmorrhagica which we have had in the hospital. One case recovered. It was severe enough to be termed purpura hæmorrhagica, as the patient had hemorrhage from nearly all the mucous membranes. We have had one fatal case of hæmophilia in a man belonging to a bleeder family.

Dr. Thayer.—In the first case referred to by Dr. Osler there was an immediate leucocytosis after the hemorrhage, and an immediate appearance in both cases of nucleated red corpuscles. In the man who died of hæmophilia, within 48 hours after the time the hemorrhage began, there were well-marked changes in the marrow of the bones.

Papillomata of the Ovary.—Dr. Cullen. (To appear in June Bulletin.)

Dr. Kelly.—Cystic papillomata of the ovary are comparatively common, and I think the reason a greater number of cases have not appeared in medical literature is that after a subject has been investigated and written up to a certain extent, there is a general tendency among writers to neglect it and to branch off into newer fields.

This subject received considerable attention among gynecologists about twelve years ago, but since then little of value has been added until Dr. Williams presented his excellent monograph as a result of his laboratory work and bibliographic research.

A considerable number of these cases have come under my observation and they are always interesting.

If the papillomatous process has not involved the peritoneum it can be completely eradicated by enucleating the diseased ovary, but if the disease has spread from the ovary to the adjacent structures only a palliative operation can be done.

The early clinical history of these cases is not suggestive of the true nature of the disease.

Unless there is a large tumor which ruptures and in that way disseminates its papillary elements throughout the peritoneal cavity, one is not apt to recognize that papilloma is present, although the patient may have been complaining for a long time.

A case which I saw in my office to-day aptly illustrates this statement. The patient, who had been complaining more or less for three or four years, was first referred to me for examination by Dr. Salzer two years ago. At that time I was unable to discover any pelvic lesion. Since then the patient has gradually declined in health, and as she again began to suspect that the pelvic organs were at fault she was referred to me for the second time. My examination to-day revealed papillomatous masses in the pelvis.

I recall another patient who had fallen into ill health; the disease at first presented the symptoms of dyspepsia, but finally assumed a typhoidal character. As the attending physician could discover no cause for the patient's continued ill health, and wishing to eliminate the pelvic organs as a possible seat of her disease, called me in consultation.

A vaginal examination revealed a papillomatous mass involving the ovary and extending to the adjacent peritoneum. Operation was refused at that time. Two months later, after ascitic fluid had begun to accumulate, the patient was subjected to cœliotomy. A large papillomatous mass was enucleated, and although there still remained suspicious flake-like patches attached to the intestines, it was hoped that all of the diseased structures had been removed. The patient recovered from the operation, but died suddenly ten days later of a coronary embolus.

In all cases where the patient is declining in health without apparent cause, presenting ill-defined dyspeptic symptoms, or slight fullness of the abdomen suggesting a beginning ascites, a careful examination of the pelvic organs should be made.

If these cases are subjected to operation before the papillomatous process has extended beyond the affected ovary, a perfect recovery may be expected.

Dr. Welch.—This tumor is quite different from an ordinary cystoma of the ovary. Many years ago it was generally supposed that these papillomatous cysts of the ovary were nothing but ordinary cystomata which had growths on the inside and on the outside of the cyst walls. They are now known to be a distinct type of tumor of the ovary. As a rule, these cystic papillomatous tumors have nothing to do with cystomata. A cystoma of the size of these tumors would be made up of a number of small cysts. A cystoma, again, would have thick, viscid contents, whereas here the contents of two of the cysts were thin and watery. I believe these tumors belong to that class which Dr. Williams has demonstrated as springing from the germinal epithelium of the ovary. It is interesting that the same abnormal growth into papillomata has taken place on the surface of the ovary as on the inside of these cysts. I should be inclined to regard these cysts as developed from the Graafian follicles.

Dr. Kelly.—Dr. Welch will perhaps remember a very small papillomatous growth, about the size of a pea, springing from an ovary of normal size, which I removed about two years ago. In this case the diseased ovary was discovered during an operation for retroflexion. The patient has recovered completely and shows no signs of a return of the growth. I would like to ask Dr. Welch if the impression which prevailed some years ago, that monocystic tumors of the ovary are peculiarly prone to become papillomatous, is true.

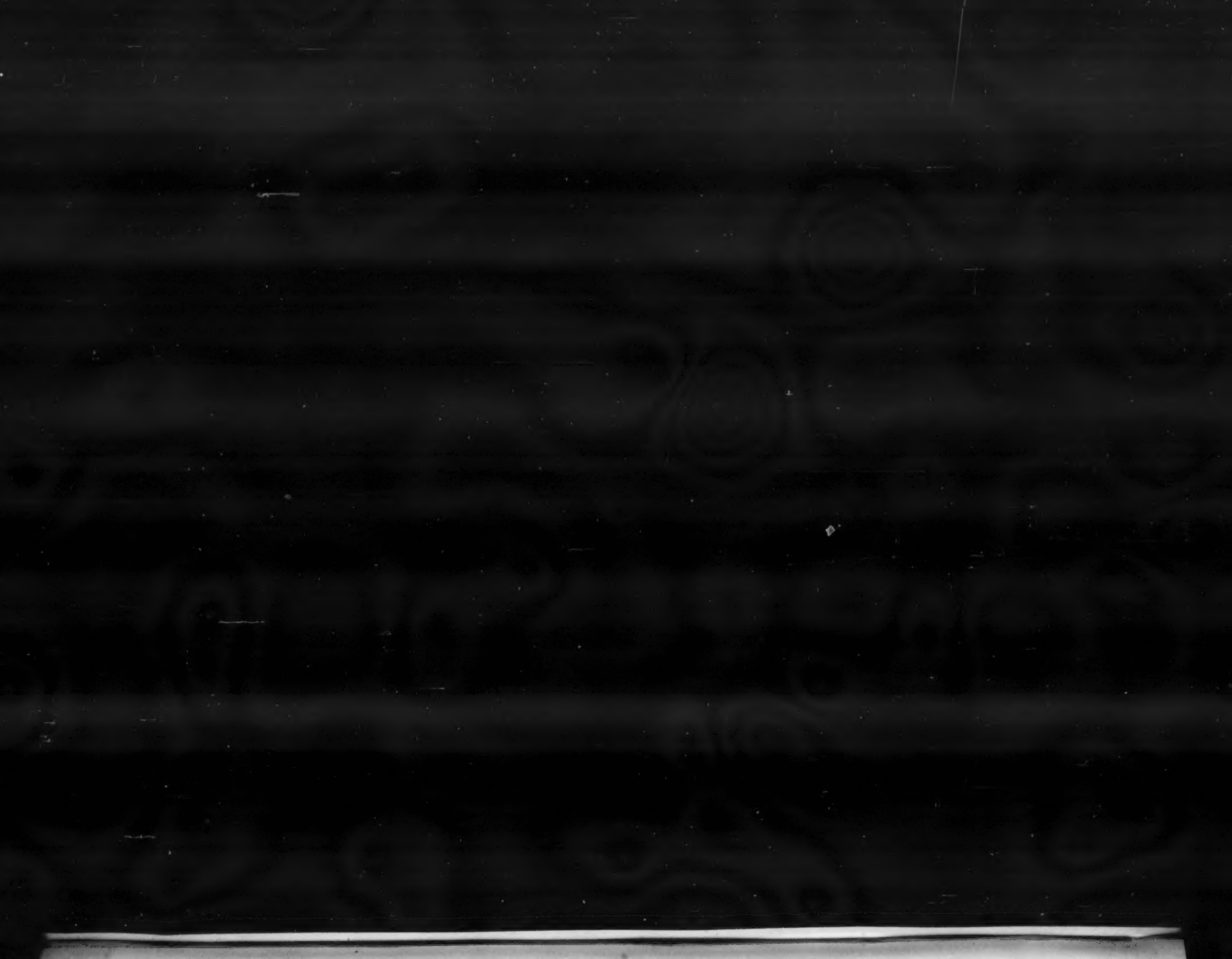
Dr. Welch.—That is true.

NOTICE.

All inquiries concerning the admission of free, part pay, or private patients to the Johns Hopkins Hospital should be addressed to Dr. Henry M. Hurd, the Superintendent, at the Hospital.

Letters of inquiry can be sent, which will receive prompt answer, or personal interviews may be held.

Under the directions of the founder of the Hospital the free beds are reserved for the sick poor of Baltimore and its suburbs and for accident cases from Baltimore and the State of Maryland. To other indigent patients a uniform rate of $5.00 per week has been established. The Superintendent has authority to modify these terms to meet the necessity of urgent cases.

The Hospital is designed for cases of acute disease. Cases of chronic disease are not admitted except temporarily. Private patients can be received irrespective of residence. The rates in the private wards are governed by the locality of rooms and range from $15.00 to $35.00 per week. The extras are laundry expenses, massage, the services of an exclusive nurse, the services of a throat, eye, ear and skin or nervous specialist, and surgical fees. Wherever room exists in the private wards and the condition of the patient does not forbid it, companions can be accommodated at the rate of $15.00 per week.

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